UNITED
NATIONS

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Economic and Social Council

Distr.
LIMITED

E/ICEF/1991/P/L.36
20 March 1991

ORIGINAL: ENGLISH

UNITED NATIONS CHILDREN'S FUND
Programme Committee
1991 session

FOR ACTION

RECOMMENDATION TO THE EXECUTIVE BOARD

Mortality Reduction Reserve

The Executive Director recommends that the Executive Board approve the intensification of efforts to achieve the goals of reducing 1990 infant and under-five child mortality rates by one third, or to a level of 50 or 70 per 1,000 live births, respectively, whichever is less, and reducing maternal mortality by half, by the year 2000, for the period 1992-1994 in the amount of $30 million from general resources, subject to the availability of funds, and an amount of $30 million in supplementary funds, subject to the availability of specific-purpose contributions. The Executive Director also recommends that the reserve be renamed Mortality Reduction Reserve.

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Background

1. At its 1983 regular session, the Executive Board allocated $7.6 million from general resources and $30 million in supplementary funds as the interregional commitment for additional support to various programme fields for the period 1984-1985 (E/ICEF/701, annex VI) primarily to implement the child survival and development strategy, which was first enunciated in the State of the World's Children 1982-1983 report.

2. This commitment was officially named the Infant Mortality Reduction (IMR) Reserve by the Executive Board in 1985 "to provide special support for national and inter-country actions to strengthen primary health care implementation with particular attention to these high priority and cost-effective interventions which can have an immediate impact on child survival and health and on the reduction of infant and child-mortality" (E/ICEF/1985/P/L.33). In 1989, the scope of the Reserve was further broadened to include child mortality reduction initiatives and renamed the Under-Five Mortality Reduction (URMR) Reserve.

3. The Reserve, now in its eighth year of existence, has grown in dimension and scope. It has been used to initiate "lead activities", especially in the two- or three-year period before a new country programme is prepared and submitted to the Board, when these activities could not be funded from existing general resources or supplementary funds. Immunization and oral rehydration therapy (ORT) activities were the initial focus of support, with new programme areas such as acute respiratory infections (ARI), prevention of acquired immune deficiency syndrome (AIDS), etc., now included in its scope. Over 70 per cent of the Reserve has been allocated for actions at country and regional levels, and in 1989, the number of countries receiving support had increased to 62 from 33 in 1984.

4. Activities supported by the IMR Reserve, and later the U5MR Reserve, have been described successively in the reports on the use of global funds (E/ICEF/1985/CRP.27, E/ICEF/1986/CRP.5 and Corr.1, E/ICEF/1987/CRP.3, E/ICEF/1988/P/L.39, E/ICEF/1989/P/L.32 and E/ICEF/1990/P/L.37). The next report will be submitted to the Executive Board at its 1992 session.

5. After the initial allocation for the period 1984-1985, the Board approved further allocations from both general resources and supplementary funds in 1985 (E/ICEF/1985/P/L.33), 1986 (E/ICEF/1986/P/L.27) and 1988 (E/ICEF/1988/P/L.35). The latest allocation was approved for the period 1989-1991 in the amount of $25 million from general resources and $40 million from supplementary funds. Rotary International has been a principal contributor to supplementary funds and has already contributed more than $40 million through its "Polio-Plus" programmes, which have assisted 77 countries with poliomyelitis vaccines, cold chains and social mobilization activities. Rotary International is in the process of making a further multi-year pledge (up to 1994) to fund polio vaccines for countries that are not members of the Pan American Health Organization (PAHO).

Goals for the 1990s

6. At its April 1990 regular session, the Executive Board adopted 27 goals for children and development in the 1990s that were later endorsed by the World Summit for Children, with three major goals being the reduction of the 1990 infant and under-five child mortality rates by one third, or to a level of 50 or 70 per 1,000 live births, respectively, whichever is less, and the reduction of maternal mortality by half, by the year 2000 (decision 1990/2, E/ICEF/1990/13).

7. The attainment of these three goals would contribute, directly or indirectly, to the achievement of the 13 supporting sectoral goals, namely the global eradication of poliomyelitis by the year 2000; the elimination of neonatal tetanus by 1995; the reduction by 95 per cent in measles deaths and the reduction by 90 per cent of measles cases compared with pre-immunization levels by 1995, as a major step towards the global eradication of measles in the longer run; the maintenance of a high level of immunization coverage (at least 90 per cent of children under one year of age by the year 2000) against diphtheria, pertussis, tetanus, measles, poliomyelitis and tuberculosis, and against tetanus for women of child-bearing age; the reduction by 50 per cent in the deaths caused by diarrhoea in children under five years of age and a 25 per cent reduction in the diarrhoea incidence rate; the reduction by one third in the deaths due to ARI in children under five years of age; the reduction in severe as well as moderate malnutrition among children under five years of age by half of 1990 levels; the reduction of the rate of low birth-weight (2.5 kilograms or less) to less than 10 per cent; the reduction of iron deficiency anemia in women by one third of 1990 levels; the empowerment of all women to breast-feed their children exclusively for four to six months and to continue breast-feeding, with complementary food, well into the second year; special attention to the health and nutrition of the female child and to pregnant and lactating women; access for all couples to information and services to prevent pregnancies that are too early, too closely spaced, too late or too many; and access for all pregnant women to prenatal care, trained attendants during child births and referral facilities for high-risk pregnancies and obstetric emergencies.

Support actions

8. Support for actions to reduce infant and under-five child mortality will focus on immunization and the control of diarrhoeal diseases and ARI, while the focus of maternal mortality reduction will be the safe motherhood initiative. The focus at country and inter-country levels will be on innovative actions - lead activities with the potential to grow into national-scale activities and actions designed to create synergism between different programmes and sectors. As foreseen, about 70 per cent of the allocations will support country- and regional-level actions.

9. These supportive actions will play a catalytic role in the development of innovative activities that are beyond the scope of normal country programmes, thereby facilitating the synergism between different sectors, the development of mutually supportive and reinforcing programmes and the exploration into new area of safe motherhood. However, despite the new potentials and the new programme area of safe motherhood, an additional amount of only $5 million from general resources for the three-year period is requested for these new activities.

Recommendation

10. In view of the above, the Executive Director recommends that the Executive Board approve the Mortality Reduction Reserve for the period 1992-1994 in the amount of $30 million from general resources, subject to the availability of funds, and $30 million in supplementary funds, subject to the availability of specific-purpose contributions.

11. The Executive Director also recommends that the name of the Reserve be changed to Mortality Reduction Reserve to encompass the new area of activity on maternal mortality reduction and safe motherhood.

Proposed allocation for the Mortality Reduction Reserve, 1992-1994

(In millions of United States dollars)

	1992	1993	1994	Total
General resources	10.0	10.0	10.0	30.0
Supplementary funds	10.0	10.0	10.0	30.0
Total	20.0	20.0	20.0	60.0